



Ensure the most current form is submitted. Refer to EMACS Forms website.

REVISED (COVID-19) VOLUNTARY TIME OFF (VTO) REQUEST

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Phone No.
Company	Department		Union Code

The criteria below is subject to the approval of the Department Head and will require an employee's agreement by signing below after reviewing the following terms:

1. Revised VTO applies to all employees who request unpaid time off from work without losing fringe benefits (e.g., Medical Premium Subsidy, Opt-Out/ Waive amount, Vision, RMT contribution, Life Insurance), which depends on the employee being in a paid status.
2. The minimum Revised VTO increment is 4 hours per pay period and a maximum of 48 hours per pay period with no annual calendar limit through the end of the declared COVID-19 emergency. However, a Department Head may limit the number of hours an employee may code Revised VTO due to the negative impact it may have on the Department's ability to maintain appropriate service levels.
3. Employees can code Revised VTO even if the employee has a zero paid leave balance.
4. Contributions to the retirement system under the Retirement System Contributions Article will only be paid if the employee is in a paid status in any pay period in which Revised VTO is used and the employee receives enough earnings to pay his/her retirement contribution in that pay period.
5. Revised VTO may not be used if an employee is on a special leave of absence without pay.
6. Revised VTO may not be used in conjunction with the existing Job Sharing and Part-Time employment MOU provision or the Revised COVID-19 part-time option.
7. Employee would be approved to code Revised VTO for (i.e. in lieu of) all regularly scheduled hours, subject to per pay period maximum limit, through the end of the declared COVID-19 emergency.
8. Employees are not eligible to use Revised VTO during any furlough days.
9. Departments will determine eligibility based on business needs and may discontinue Revised VTO at any time.

Employee Signature	Date
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Comments:

<input type="checkbox"/> Approved	Appointing Authority or Designee Signature (Print & Sign)	Date
<input type="checkbox"/> Denied		

Payroll Specialist (Print & Sign)	Date
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Office Use Only

Human Resources Business Partner Signature (Print & Sign)	Date
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